



Revenue Cycle Assessment

Steve Boline, Regional CFO
Holly Hansen, COO
Nevada Rural Hospital Partners
Reno, Nevada



- Project Overview
 - Project Commitment Form
 - Session Dates
 - Project Logistics
- Questionnaire
 - Who should complete?
 - Instructional Guidance/TA
- Gap Analysis
- Sample Summary Assessment Report

Today's Webinar

Please fill out the following form. When finished, click Submit Form to return the completed form. You can save data typed into this form.

Highlight Fields

Submit Form



Revenue Cycle Assessment Project Commitment

Facility: Address 1: City: ZIP Code:

Administrator/CEO Name: Email Address: Phone Number:

CFO/Financial Officer Name: Email Address: Phone Number:

YES, our facility would like to participate in the Revenue Cycle Improvement Project from April 2, 2012 through August 31, 2012. By agreeing to participate, we understand that confidential responses submitted on the Revenue Cycle Assessment Tool will be used by Nevada Rural Hospital Partners (NRHP) to document and assess the facility's current revenue cycle process. We further understand that a facility-specific report will be provided to both our facility and to the Kansas FLEX program, for use in planning future financial and operational improvement programming. We understand that all hospital-specific information will be kept confidential by all parties. Our facility understands this commitment requires the support of administrative leadership to meet the requirements outlined below.

Administrator/CEO Signature: Date:

This project is being offered in three separate sessions, with a maximum number of participants per session. **Please indicate your 1st, 2nd and 3rd choice of session in which to participate. This will be handled on a first come-first served basis. We will make every effort to honor your first choice.**

Session Breakdown

	<u>SESSION 1</u> April 2-16	<u>SESSION 2</u> April 16-30	<u>SESSION 3</u> April 30 –May 14
Maximum Participants	25	27	27
Applications deadline	April 6	April 16	April 30
Data submitted	April 2 - 16	April 16 - 30	April 30 –May 14
DEADLINE for Completing Surveys	APRIL 16	APRIL 30	May 14
Summary Assessment distributed to participating facility	APRIL 30	MAY 14	JUNE 8



- ✓ Commitment form received by Kansas Flex
- ✓ Confirmation email from NRHP
 - ✓ Your session assignment
 - ✓ Link to assessment questionnaire
 - ✓ Informational Guidance – how to answer questions
 - ✓ Technical Support contact information
- ✓ Hospitals turn in Assessment Questionnaire (survey)
- ✓ Summary Assessment reports distributed
- ✓ Executive Summary Presentation – Summer 2012



Assessment Questionnaire

- Who should complete the questionnaire?
 - Gate keeper to compile all responses
 - Distribute individual questions/requests for information to appropriate staff
 - Revenue cycle committee, if in place
- Importance of complete/accurate information
 - Without ability to validate or confirm responses, detailed and accurate responses are critical
 - Current and accurate data, when requested, is also crucial as it provides for an objective evaluation

The inside scoop



NRHP
Revenue Cycle Improvement Program
Facility Questionnaire
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Facility Introduction

Organization Name:

Supplier Name:

Position:

Phone Number:

Email Address:

What is your number of licensed (Acute, swing, LTC) and ER Beds?

Are you a Critical Access (CAH) or Prospective Payment System (PPS) hospital?

Please provide a detail listing of the services offered at your facility and the average number of monthly patients by area.

Do you have a clinic associated with your facility? If so, is it a RHC or another type? Do you also perform the billing for physician services?

Please provide a detail listing of information systems used in your facility?



NRHP
Revenue Cycle Improvement Program
Facility Questionnaire
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Facility Questionnaire

1. Do you have a scheduling process for elective patients? If so, how many patients are scheduled on a monthly basis and what percent of the eligible population does this represent?

2. If you have a scheduling program, do you utilize a pre-registration process? If so, please describe the pre-registration process.

3. Do you utilize a quick registration process for emergency room patients? If so, please describe the process.

4. Do you have a patient benefits/eligibility process? If so, please describe the process.

5. Do you use an eligibility vendor or other automated means for eligibility checks? Please provide web site or vendor names used for eligibility checks and describe the specific process.



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Revenue Cycle Assessment Program
Questionnaire Guidance
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Attached you will find a few examples of how to appropriately fill out the questionnaire. When a request for process detail is listed, please provide as much information related to your current condition (process) as possible. Please provide information on any new processes, processes that are in the works, education and/or financial deficiencies. The questionnaire is meant to give us a glance into your hospital efforts, processes, and current functions and will be of significant help to our reviewers when viewing your completed questionnaire.

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Questionnaire Guidance

Organization Name:

Your facility name

Supplier Name:

Name of project point person

Position:

Project point person title

Phone Number:

Contact phone number

Email Address:

Contact email address

What is your number of licensed (Acute, swing, LTC) and ER Beds?

Number of licensed beds by area (Inpatient, Swing, Long Term Care, Skilled Nursing, Emergency Room)

Are you a Critical Access (CAH) or Prospective Payment System (PPS) hospital?

Questionnaire Guidance



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Revenue Cycle Assessment Program
Questionnaire Guidance
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1. Do you have a scheduling process for elective patients? If so, please describe your scheduling process below. Also include how many patients are scheduled on a monthly basis and what percent of the elective patient population this represents?
Example: Yes. The Physician office contacts our scheduling department, patient information is obtained, time/date is given to office, and a manual scheduling sheet is placed in drawer by date until registration picks it up on the day the patient arrives for services. We schedule for infusions services only and that represents five accounts a month, which is approximately 2% of our patients.
2. If you have a scheduling program, do you utilize a pre-registration process? If so, please describe the pre-registration process.
Example: No, we do not utilize a pre-registration process.
3. Do you utilize a quick registration process for emergency room patients? If so, please describe the process.
Example: Yes, patient arrives and is entered into our quick registration screen in our registration system. The patient receives an armband and signs the Consent for Treatment. Triage comes and gets the patient from the waiting room and takes them to a patient room.

We have also supplied an “Assessment Guidance” document to your facility CEO, should you need expanded assistance or explanation.

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Assessment Guidance				
	Question	Question Explanation	Expected Response	Significance of Question
	# of Licensed and ER Beds	Informational to allow a view of hospital size	Number of licensed beds by area (Swing, Long Term Care, Inpatient, Emergency)	N/A
	CAH v. PPS	Determine Medicare designation	CAH or PPS	Regulations and reimbursement differ from CAH to PPS. Designation needed to efficiently analyze data
	Service Inventory & Patient Volumes	Informational to allow knowledge of hospital volumes and services	Patient services registered, average daily patients registered by patient service	To establish high volumes service lines
	Clinic and Physician Summary	Determine scope of services and functions	Detail of services including physician revenue cycle functions	Reimbursement and compliance issues
	Information System Summary	Informational to allow knowledge of hospital systems used.	List of all IT systems used within the revenue cycle (Scheduling, Registration, Clinical documentation, etc.) See revenue cycle wheel for revenue cycle department layout.	Interface rejections can cause with issues with system to system reconciliation and timely billing if not worked regularly.
Scorecard (1-40)				
1	Scheduling	Patient scheduling	Patient scheduling, any device, manual or via online scheduling module. Patient percentage scheduled (eligible vs. actual), detail process	Scheduling allows for pre-screening of patient financial information. Scheduling can reduce patient wait times and eligibility/authorization issues prior to service being rendered.
2	Pre-registration	Patient registered prior to patient arriving for service	What types of patients are pre-registered? Patient percentage pre-registered (eligible vs. actual) and a detail process. Is this process being viewed for accuracy?	Pre-registration allows for pre-screening of patient demographic information, invalid demographics can lead to inability to verify insurance, payment delays, and denials
3	ER Registration	Condensed registration performed when the patient arrives. Does not include insurance information	What demographic information is obtained at the point of quick registration? Detail process. Are quick registration being viewed for accuracy?	Quick registration allows for obtaining basic patient demographic information without impacting care or violating EMTALA
4	Benefits and Eligibility (process)	Insurance verification associated to patient benefit coverage and eligibility of service	Do you verify benefits on any patient population? Process detail. Is this process being viewed for accuracy?	Eligibility/benefit verification allows for the determination of patient responsibility portions prior to services being rendered and can prevent delays in payment or the provision of uncompensated care
5	Use of Eligibility Vendor	An outside agency/vendor that you pay for eligibility service either per transaction or monthly	What websites are used, and if you use a vendor, what percentage of payers do they support?	Use of eligibility tools can enhance process and further avoid or eliminate negative occurrences noted above

Assessment Guidance

Gap analysis Snapshot

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Revenue Cycle Assessment- Gap Analysis Summary							
Functional Area	<u>Question</u>	<u>No Awareness</u>	<u>No Process</u>	<u>Limited/Partial</u>	<u>Currently Expanding Process</u>	<u>Formalized Process</u>	<u>Formalized Process with QA Monitoring</u>
Scheduling							
	1						
Pre-Registration							
	2						
Eligibility							
	4						
	5						
	6						
Authorization							
	7						
	8						
Financial Counseling							
	11						
	12						
Registration							
	3						
	9						
	10						
POS Collection							
	13						



Summary Assessment Report

NRHP, LLC.
Revenue Cycle Improvement Program

REVENUE CYCLE ASSESSMENT SUMMARY

Prepared for:
KANSAS SAMPLE HOSPITAL

Current Condition:

KANSAS SAMPLE HOSPITAL'S current condition indicates that the facility is in the process of working a Revenue Cycle Improvement Program (RCIP). Staff has put quite a few QI measures for front-end and back-end activity in place. The majority of the improvements seem to center around the business office.

Organizational Understanding/Awareness:

KANSAS SAMPLE HOSPITAL'S recent process changes in the business office demonstrate the capability and the willingness to implement the Revenue Cycle. However, the nature of the changes also shows that there is a limitation, either in the understanding of the Revenue Cycle itself, or the support of the Revenue Cycle in its entirety, as crucial aspects of the revenue cycle such as charge audit, admission criteria review, and scheduling have not yet been addressed.

Need for Enhancement:

Patient Access

- Implement a scheduling process for all ancillary services to allow for a pre-registration process, which will feed into eligibility and benefits screening prior to patient arrival. This provides the opportunity to obtain proper payer approval authorization on all service types necessary, to provide for financial counseling opportunities, or to defer services for elective procedures if a payment method cannot be secured. IMPACT: REDUCTION OF DENIALS AND PROVISION OF UNCOMPENSATED CARE
- Advanced Beneficiary Notices (ABNs) screening must be performed for all outpatient elective procedures, for all Medicare beneficiaries. Commercial payers are now following suit with this requirement. SSI (ABN vendor) provides an online, per-

transaction fee software application to perform the ABN compliance check and issuance. This process must be implemented as soon as possible for compliance purposes as well as allow the hospital and clinic to bill for those services currently written off for ABN denials. IMPACT: REDUCTION OF PROVISION OF UNCOMPENSATED CARE, INCREASED COMPLIANCE WITH MEDICARE REGULATIONS, AND INCREASED PATIENT SATISFACTION

- Audit Medicare Secondary Payers (MSPs) to ensure not only that they are being completed, but done correctly per CMS guidelines. Incorrect MSPs may result in fines. Put a MSP sample audit process in place through to billing to ensure the account was billed appropriately. IMPACT: REDUCTION OF PAYMENT TAKEBACKS AND AVOIDANCE OF POSSIBLE MEDICARE PENALTIES AND FINES

Charge Generation and Capture

- Implement a charge audit process to ensure all activity charted is appropriately charged and all opportunity for revenue is captured.
IMPACT: ELIMINATION OF LOST CHARGES
- Review bar-coded charge entry capabilities in all functional areas to reduce manual keying of charges.
IMPACT: MORE ACCURATE AND COMPLETE CHARGE CAPTURE
- Obtain either a hardcopy or software version of Interqual/Milliman and begin performing admission criteria review. Medicare is no longer the only payer source requiring the review to ensure reimbursement; many commercial payers are now applying this review to admissions as well to determine admission type and reimbursement.
IMPACT: REDUCTION OF MEDICAL NECESSITY DENIALS AND RAC AUDIT TAKEBACKS
- Research the ability to engage a third party vendor to scrub the Charge Description Master (CDM) to ensure CPT codes are current, and appropriate, and are optimal, and that pricing appropriate for CAH and regional areas. Once the CDM is fully updated, consider CDM management software to maintain the CDM data going forward.
IMPACT: REDUCTION OF PAYMENT DELAYS, OUTRIGHT DENIALS, AND LOST REVENUE

Billing and Reimbursement

- Investigate all information interfaces throughout the facility and ensure Information Technology (IT) has the staffing and knowledge to work to correct them and avoid delays in patient care as well as billing. For example, Healthland (patient account system) to Zirmed (billing clearinghouse), etc. Include review of ability to interface coding encoder with Healthland to reduce manual input of codes.
IMPACT: REDUCTION OF PAYMENT DELAYS, OUTRIGHT DENIALS, AND LOST REVENUE
- Review and assess billing staff productivity and staffing levels to identify if levels are appropriate for current patient volumes.
IMPACT: REDUCTION OF PAYMENT DELAYS AND OUTRIGHT DENIALS
- Begin utilizing an Explanation of Benefits (EOB) reimbursement log to identify contract performance issues.
IMPACT: REDUCTION OF UNDERPAYMENTS
- Complete 837 testing for the electronic receipt of EOBs, and implement immediately.
IMPACT: CREATION OF STAFF EFFICIENCIES AND POSTING ACCURACY
- Adjust the Medicare bad debt process. Change the parameter for the collection agency to return Medicare accounts to 120 days. Create collection formula in Healthland to capture all Medicare accounts without payment for more than 120 days and exclude Medicaid crossovers. Cross reference this report with accounts returned from the agency to ensure accounts are not missed or sent in error.
IMPACT: INCREASE AND EXCELERATE MEDICARE BAD DEBT REIMBURSEMENT
- Complete a formal revenue cycle improvement process, and actively manage and monitor on an ongoing basis.
IMPACT: ACHIEVEMENT OF OVERALL REVENUE CYCLE OBJECTIVES

SUMMARY-

KANSAS SAMPLE HOSPITAL has begun the process of implementing a RCIP, but seems to have addressed only a piece of the pie. Their inability to complete the questionnaire demonstrates that have an idea of Revenue Cycle, but not the process as a whole. They need to buy in and understand it is a paradigm change for everyone and not just a temporary behavior for some. It is our assumption they can do this with proper guidance and a strong supportive leader.

SUMMARY ASSESSMENT, CONTINUED



Main Point of Contact:
Jane Faubion, Kansas Flex Program
jfaubion@kdheks.gov
PH: 785-296-1232

Questions??